2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State 04-05-2004 90077 018 ***150.00

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DOCUMENT # 1. Entity Name 1330 CONNECTICUT			
Principal Place of Business		Mailing Address	
1801 HERMITAGE BLVD SUITE 100		1801 HERMITAGE BLVD SUITE 100	
TALLAHASSEE, FL 32308	US	TALLAHASSEE, FL 32308	US
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City & State	Principal Place of Business 3. Mailing Address		3. Mailing Address	ddress					
Country Zip	Suite. Apt. #, etc.		Suite, Apt. #, etc.		01232004	Chg-P	CR2E034 (10/03)		
5. Certificate of Status Depired Southername Southerna	City & State City & State					i	·		
Name Street Address (P.O. Box Number to Not Acceptable)	Zip			Country			Fee Require		
TODD, DAVID E 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE, FL 32308 Street Address (P.O. Bax Number to Not Acceptable) City FL Zep Code The above named entry submits this statement for the purpose of changing its registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligations of registered again, or both, in the State of Fords I can familiar with, and accept the onligation of the state of Fords I can familiary		6. Name and Address of Current	Registered Agent	Name	7. Name and A	ddress of New Re	egistered Agent ——		
Street Address (P.O. Box Number is Not Acceptable)	TODD DA	VID E		Name					
City	1801 HERMITAGE BLVD		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obbigations of registered agent. Signature State	TALLAHAS	SSEE, FL 32308							
SIGNATURE Signature, brend or person diregistered agent and size if applicables. INDIE_Registeriol Agent signature equired when revestaering)							rt i		
NOTE Reporter of present of persent depended agent and take in explicable. NOTE Reporter of present of persent of	8. The above the obligat	named entity submits this statement fo ions of registered agent.	the purpose of changing its	registered office or re	egistered agent, or both	, in the State of Flo	rida. I am familiar with,	and accept	
### After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	,	DATE		
### After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution		·	9 Flection Campa	ion Financino	SE 00 5		· · · · · · · · · · · · · · · · · · ·		
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NAME _ TOGNARELLI, MAURY	10.		DIRECTORS	11.	ADDITIONS/C	HANGES TO OFF	CERS AND DIRECTOR	S IN 11	
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of the corporation or the receiver or trustee empowered to execute this required by Chapter 607, Florida Statutes. If unfor certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.